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APPLICANTS

Anders Johansson, Norrkoping, SWEDEN;
 Tommy Sundqvist, Linkoping, SWEDEN;
 Ake Oberg, Ljungsbro, SWEDEN;

**** CONTINUING DATA *******

This application is a 371 of PCT/SE05/00103 01/27/2005

**** FOREIGN APPLICATIONS *******

SWEDEN 0400145-9 01/27/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/23/2007

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 5	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23570

TITLE

ARRANGEMENT AND METHOD FOR ASSESSING TISSUE QUALITIES

FILING FEE RECEIVED 1530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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